| B1 (Official Form 1)(04/13)  | Witanii                            | 200011101                           |                 |                    | - 0. 00                             |                 |                               |                |                      |
|--|------------------------------------|-------------------------------------|-----------------|--------------------|-------------------------------------|-----------------|-------------------------------|----------------|----------------------|
|  | States Bank<br>ntral District of   |                                     |                 |                    |                                     |                 | Volu                          | intary         | Petition             |
| Name of Debtor (if individual, enter Last, Firs Martinez, Jorge Caranza                                  | t, Middle):                        |                                     | Name            | of Joint De        | ebtor (Spouse                       | ) (Last, First  | , Middle):                    |                |                      |
| All Other Names used by the Debtor in the las (include married, maiden, and trade names):                | 8 years                            |                                     |                 |                    | used by the J<br>maiden, and        |                 |                               | years          |                      |
| Last four digits of Soc. Sec. or Individual-Tax (if more than one, state all)  xxx-xx-6435               | oayer I.D. (ITIN)/Con              | nplete EIN                          | Last fo         | our digits o       | f Soc. Sec. or                      | Individual-     | Γaxpayer I.D                  | . (ITIN) No    | o./Complete EIN      |
| Street Address of Debtor (No. and Street, City<br>8141 Santa Inez Way<br>Buena Park, CA                  | and State):                        | 7m C- 1-                            | Street          | Address of         | Joint Debtor                        | (No. and Str    | eet, City, and                | d State):      | ZID C. I.            |
|  | Г                                  | ZIP Code<br><b>90620</b>            | ┨               |                    |                                     |                 |                               |                | ZIP Code             |
| County of Residence or of the Principal Place  | of Business:                       | 90020                               | Count           | y of Reside        | ence or of the                      | Principal Pla   | ace of Busine                 | ess:           | l                    |
| Orange   |                                    |                                     | 1               | -                  |                                     | 1               |                               |                |                      |
|  | . 11                               |                                     | Madilia         |                    | -f I-i-t D-ht                       | ('.C 1'.CC      | + C                           | 4 - 44         |                      |
| Mailing Address of Debtor (if different from s   | reet address):                     |                                     | Mailir          | ig Address         | of Joint Debt                       | or (if differe  | at from street                | t address):    |                      |
| P.O Box 5581   |                                    |                                     |                 |                    |                                     |                 |                               |                |                      |
| Buena Park, CA   |                                    | ZIP Code                            |                 |                    |                                     |                 |                               |                | ZIP Code             |
|  |                                    | 90620                               |                 |                    |                                     |                 |                               |                |                      |
| Location of Principal Assets of Business Debte (if different from street address above):                 | or                                 |                                     |                 |                    |                                     |                 |                               |                |                      |
| Type of Debtor   | Nature                             | of Business                         |                 |                    | Chapter                             | of Bankrup      | tcy Code U                    | nder Whic      | h                    |
| (Form of Organization) (Check one box)   | (Chec                              | k one box)                          |                 |                    | the I                               | Petition is Fi  | led (Check o                  | one box)       |                      |
| Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.                               | Health Care B                      |                                     | C 1             | ☐ Chapt            |                                     | <b>-</b> ~      | 455                           |                |                      |
| ☐ Corporation (includes LLC and LLP)   | ☐ Single Asset R<br>in 11 U.S.C. § |                                     | ennea           | Chapt              |                                     |                 | hapter 15 Pet<br>a Foreign M  |                |                      |
| ☐ Partnership  | Railroad                           | ()                                  |                 | Chapt              |                                     |                 | C                             |                | U                    |
| ☐ Other (If debtor is not one of the above entities,   | Stockbroker                        |                                     |                 | ☐ Chapt ☐ Chapt    |                                     |                 | hapter 15 Pet<br>a Foreign No |                |                      |
| check this box and state type of entity below.)  | Commodity B                        |                                     |                 | Спарі              | el 13                               | OI.             | a r oreign rv                 | ommum 110      | receding             |
|  | ☐ Clearing Bank ☐ Other            |                                     |                 |                    |                                     | NT 4            | CD 14                         |                |                      |
| Chapter 15 Debtors   |                                    | empt Entity                         |                 | -                  |                                     |                 | e of Debts<br>k one box)      |                |                      |
| Country of debtor's center of main interests:  |                                    | x, if applicable)                   |                 | Debts a            | are primarily co                    |                 |                               | ☐ Debts        | are primarily        |
| Each country in which a foreign proceeding   | Debtor is a tax-e                  | xempt organizati                    |                 | 1                  | 1 in 11 U.S.C. §                    |                 | C                             | busine         | ss debts.            |
| by, regarding, or against debtor is pending:   |                                    | the United State<br>al Revenue Code |                 |                    | ed by an indivi<br>onal, family, or |                 |                               |                |                      |
|  | ` `                                | I Revenue code                      | <i>)</i> .      |                    |                                     |                 |                               |                |                      |
| Filing Fee (Check one be   | OX)                                | Check one                           |                 | 11 1               | •                                   | ter 11 Debt     |                               |                |                      |
| Full Filing Fee attached   |                                    |                                     |                 |                    | debtor as defir<br>ness debtor as o |                 |                               |                |                      |
| Filing Fee to be paid in installments (applicable  |                                    |                                     |                 |                    |                                     |                 |                               | /-             |                      |
| attach signed application for the court's consider<br>debtor is unable to pay fee except in installments |                                    |                                     |                 |                    |                                     |                 |                               |                | ers or affiliates)   |
| Form 3A.   |                                    | <del></del>                         |                 |                    | amount subject                      | to adjustment   | on 4/01/16 an                 | id every three | e years thereafter). |
| ☐ Filing Fee waiver requested (applicable to chapte  | er 7 individuals only). M          | ust Check all                       |                 |                    | this petition.                      |                 |                               |                |                      |
| attach signed application for the court's consider   | ntion. See Official Form           | 3B.                                 | eptances        | of the plan w      | vere solicited pr                   | repetition from | one or more                   | classes of cre | ditors,              |
|  |                                    | in a                                | ccordance       | with 11 U.S        | S.C. § 1126(b).                     |                 |                               |                |                      |
| Statistical/Administrative Information   |                                    |                                     |                 |                    |                                     | THIS            | SPACE IS FO                   | OR COURT U     | JSE ONLY             |
| Debtor estimates that funds will be availab  |                                    |                                     |                 |                    |                                     |                 |                               |                |                      |
| Debtor estimates that, after any exempt pro<br>there will be no funds available for distribu             |                                    |                                     | expense         | es paia,           |                                     |                 |                               |                |                      |
| Estimated Number of Creditors  |                                    |                                     |                 |                    |                                     | 1               |                               |                |                      |
|  |                                    |                                     | ]               |                    |                                     |                 |                               |                |                      |
| 1- 50- 100- 200-<br>49 99 199 999  | 1,000-<br>5,000 5,001-<br>10,000   |                                     | 5,001-<br>0,000 | 50,001-<br>100,000 | OVER<br>100,000                     |                 |                               |                |                      |
|  | 10,000                             | 25,000 50                           | .,000           | 100,000            | 100,000                             | -               |                               |                |                      |
| Estimated Assets   |                                    |                                     | 1               |                    |                                     |                 |                               |                |                      |
| \$0 to \$50,001 to \$100,001 to \$500,001  | \$1,000,001 \$10,000,001           | \$50,000,001 \$1                    | 00,000,001      | \$500,000,001      | More than                           |                 |                               |                |                      |
| \$50,000 \$100,000 \$500,000 to \$1 million  | to \$10 to \$50<br>million million |                                     | \$500<br>illion | to \$1 billion     | \$1 billion                         |                 |                               |                |                      |
| Estimated Liabilities  |                                    |                                     |                 |                    |                                     | ]               |                               |                |                      |
| \$0 to \$50,001 to \$100,001 to \$500,001  | \$1,000,001 \$10,000,001           | \$50,000,001 \$1                    | 00,000,001      | \$500,000,001      | More than                           |                 |                               |                |                      |
| \$50,000 \$100,000 \$500,000 to \$1 million  | to \$10 to \$50                    | to \$100 to                         | \$500<br>illion | to \$1 billion     |                                     |                 |                               |                |                      |
| HIHHON   | million million                    | million m                           | 111011          |                    |                                     |                 |                               |                |                      |

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Main Document Page 2 of 56 **B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Martinez, Jorge Caranza (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Steven A. Alpert January 5, 2015 Signature of Attorney for Debtor(s) (Date) Steven A. Alpert 159730 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Page 3

## Voluntary Petition

(This page must be completed and filed in every case)

#### Name of Debtor(s):

Martinez, Jorge Caranza

|  | Signatures |
|--|------------|
| Signature(s) of Debtor(s) (Individual/Joint) | 1          |

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

## ▼ /s/ Jorge Caranza Martinez

Signature of Debtor Jorge Caranza Martinez

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

January 5, 2015

Date

### Signature of Attorney\*

### X /s/ Steven A. Alpert

Signature of Attorney for Debtor(s)

#### Steven A. Alpert 159730

Printed Name of Attorney for Debtor(s)

### Price Law Group, APC

Firm Name

15760 Ventura Blvd. Suite 1100 Encino, CA 91436

Address

#### 818-995-4540 Fax: 818-995-9277

Telephone Number

January 5, 2015

159730

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| 7   | v |
|-----|---|
| - 2 | ٩ |
| _   |   |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| <b>T</b> |
|----------|
|          |
|          |
|          |

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

## United States Bankruptcy Court Central District of California

|       |                        | Central District of Camorina |          |    |  |
|-------|------------------------|------------------------------|----------|----|--|
| In re | Jorge Caranza Martinez |                              | Case No. |    |  |
|       |                        | Debtor(s)                    | Chapter  | 13 |  |
|       |                        |                              |          |    |  |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.   | ) Z |
|---|-----|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or | r   |
| through the Internet.);   | -   |
| ☐ Active military duty in a military combat zone.   |     |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |     |
| I certify under penalty of perjury that the information provided above is true and correct.   |     |
| Signature of Debtor: /s/ Jorge Caranza Martinez   |     |
| Jorge Caranza Martinez  |     |
| Date: January 5, 2015   |     |

# STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

#### None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

#### N/A

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

### N/A

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

#### None

Date:

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Buena Park , California. /s/ Jorge Caranza Martinez

Jorge Caranza Martinez

January 5, 2015 Signature of Debtor

Signature of Joint Debtor

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B201 - Notice of Available Chapters (Rev. 06/14)

USBC, Central District of California

Steven A. Alpert 159730 Name: 15760 Ventura Blvd. Address:

**Suite 1100** 

Encino, CA 91436

Telephone: 818-995-4540 Fax: 818-995-9277

Attorney for Debtor Debtor in Pro Per

| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA                           |  |  |  |  |  |
|---|--|--|--|--|--|
| List all names including trade names, used by Debtor(s) within last 8 years:  Case No.: |  |  |  |  |  |
| Jorge Caranza Martinez  |  |  |  |  |  |
|   | NOTICE OF AVAILABLE<br>CHAPTERS  |  |  |  |  |
|   | (Notice to Individual Consumer Debtor Under § 342(b) of the Bankruptcy Code) |  |  |  |  |

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. **Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

## Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

- Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

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B201 - Notice of Available Chapters (Rev. 06/14)

USBC, Central District of California

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

| Jorge Caranza Martinez       | X | /s/ Jorge Caranza Martinez         | January 5, 2015 |
|------------------------------|---|------------------------------------|-----------------|
| Printed Name(s) of Debtor(s) |   | Signature of Debtor                | Date            |
| Case No. (if known)          | X |                                    |                 |
|                              |   | Signature of Joint Debtor (if any) | Date            |

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B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court** Central District of California

| In re | Jorge Caranza Martinez |        | Case No. |    |
|-------|------------------------|--------|----------|----|
| _     |                        | Debtor |          |    |
|       |                        |        | Chapter  | 13 |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 255,000.00        |             |          |
| B - Personal Property   | Yes                  | 4                | 100,750.00        |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 235,886.00  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 5,000.00    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 4                |                   | 41,802.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 4,914.00 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 4,451.00 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 19               |                   |             |          |
|   | To                   | otal Assets      | 355,750.00        |             |          |
|   |                      |                  | Total Liabilities | 282,688.00  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court** Central District of California

| In re | Jorge Caranza Martinez |        | Case No. |    |
|-------|------------------------|--------|----------|----|
| _     | <del></del>            | Debtor |          |    |
|       |                        |        | Chapter  | 13 |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 5,000.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 5,000.00 |

### State the following:

| Average Income (from Schedule I, Line 12)  | 4,914.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 4,451.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 6,842.00 |

#### State the following:

|  |          | _         |
|--|----------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |          | 14,136.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 5,000.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |          | 0.00      |
| 4. Total from Schedule F   |          | 41,802.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |          | 55,938.00 |

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B6A (Official Form 6A) (12/07)

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| _     |                        | Debtor   |  |

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Joint, or Nature of Debtor's Amount of Description and Location of Property Property, without Interest in Property Secured Claim Deducting any Secured Claim or Exemption Community 255,000.00 Fee simple 152,750.00 Residence (a townhome)

Location: 8141 Santa Inez Way, Buena Park CA 90620

Fair market value is based on comparables in the

area.

Payment Due: 1st Payment Late: 16th

> Sub-Total > 255,000.00 (Total of this page)

255,000.00 Total >

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor   |  |

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                          | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|----|---|------------------|---|---|--|
| 1. | Cash on hand  | X                |   |   |  |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or  |                  | Checking / savings account:<br>Bank of America                | -   | 12,000.00  |
|    | shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or |                  | bank accounts were recently levied for approximately \$12,000 |   |  |
|    | cooperatives.   |                  | Checking / savings account:<br>Wells Fargo (no balance)       | -   | 0.00   |
|    |   |                  | Checking account:<br>Chase (no balance)                       | -   | 0.00   |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |   |   |  |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.  |                  | Miscellaneous household furnishings, electronics, etc.        | -   | 3,500.00   |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.          | X                |   |   |  |
| 6. | Wearing apparel.  |                  | Personal clothing   | -   | 750.00   |
| 7. | Furs and jewelry.   |                  | Misc. jewelry / watches                                       | -   | 1,000.00   |
| 8. | Firearms and sports, photographic, and other hobby equipment.   | X                |   |   |  |
| 9. | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.            |                  | Term life insurance policy w/no cash surrender value          | -   | 0.00   |
|    |   |                  |   |   |  |
|    |   |                  | (Total  | Sub-Total of this page)                     | al > <b>17,250.00</b>  |

3 continuation sheets attached to the Schedule of Personal Property

Main Document Page 13 of 56

B6B (Official Form 6B) (12/07) - Cont.

| In re | Jorge Caranza Martinez | Case No.     |
|-------|------------------------|--------------|
|       |                        | <del>,</del> |

Debtor

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--|---|---|
| 10. | Annuities. Itemize and name each issuer.  | X                |  |   |   |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | ERISA-qualified 401(k) plan (not property of the estate) through current employer.   | -   | 1,000.00  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |  |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |   |   |
| 16. | Accounts receivable.  |                  | Debtor was previously self employed as a truck driver working as an independent contractor. He is owed approximately \$6k on previous contract. It is uncertain when or if he will receives these funds. |   | Unknown   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |   |
|     |   |                  | (Total   | Sub-Tot of this page)                       | al > 1,000.00   |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

| In re Jorge Caranza Martinez Case No |
|--------------------------------------|
|--------------------------------------|

Debtor

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N O Description and Location of Property E  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|---|---|---|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X   |   |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X   |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X   |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X   |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  | 2005 Ford Excursion approx. 120,000 miles   | -   | 9,500.00  |
|   | 1997 Ford F150 pickup<br>approx. 120,000 miles  | -   | 1,000.00  |
|   | 2008 Jeep Liberty<br>approx. 100k miles   | -   | 9,000.00  |
|   | 2009 Freightliner Truck/Tractor   | -   | 60,000.00   |
|   | Vehicle is registered to the Debtor's employer and the Debtor's employer makes all the payments. Vehicle is fully encumbered. Debtor has no ownership interest therein. |   |   |
|   | 1999 Freightliner Truck<br>over 1,300,000 miles   | -   | 1,500.00  |
|   | Vehicle has almost no current value due to new California emission laws and requirements.   |   |   |
|   | 1999 Freightliner Truck<br>over 1,000,000 miles   | -   | 1,500.00  |
|   | Vehicle has almost no current value due to new California emission laws and requirements.   |   |   |
|   |   | Sub-Tot                                     | al > <b>82,500.00</b>   |
|   | (Tota   | 1 - £ 41-1                                  |   |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

(Total of this page)

B6B (Official Form 6B) (12/07) - Cont.

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | ,        |  |

Debtor

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 26. Boats, motors, and accessories.                                  | X                |                                      |   |   |
| 27. Aircraft and accessories.  | X                |                                      |   |   |
| 28. Office equipment, furnishings, and supplies.                     | X                |                                      |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.   | X                |                                      |   |   |
| 30. Inventory.   | X                |                                      |   |   |
| 31. Animals.   | X                |                                      |   |   |
| 32. Crops - growing or harvested. Give particulars.                  | X                |                                      |   |   |
| 33. Farming equipment and implements.                                | X                |                                      |   |   |
| 34. Farm supplies, chemicals, and feed.                              | X                |                                      |   |   |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |   |   |

Sub-Total > 0.00 (Total of this page)

Total >

100,750.00

B6C (Official Form 6C) (4/13)

| In re | Jorge Caranza Martinez | <br>Case No. |  |
|-------|------------------------|--------------|--|
| -     |                        | <br>,        |  |

Debtor

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled u (Check one box)  ☐ 11 U.S.C. §522(b)(2)  ☐ 11 U.S.C. §522(b)(3)             |   | ☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years with respect to cases commenced on or after the date of adjustn |   |  |  |  |  |  |
|--|---|---|---|--|--|--|--|--|
| Description of Property  | Specify Law Providing<br>Each Exemption               | Value of<br>Claimed<br>Exemption  | Current Value of<br>Property Without<br>Deducting Exemption |  |  |  |  |  |
| Checking, Savings, or Other Financial Accounts, C  | ertificates of Deposit                                |   |   |  |  |  |  |  |
| Checking / savings account:<br>Bank of America   | C.C.P. § 703.140(b)(5)                                | 12,000.00   | 12,000.00   |  |  |  |  |  |
| bank accounts were recently levied for approximately \$12,000  |   |   |   |  |  |  |  |  |
| <u>Household Goods and Furnishings</u><br>Miscellaneous household furnishings,<br>electronics, etc.                                    | C.C.P. § 703.140(b)(3)                                | 3,500.00  | 3,500.00  |  |  |  |  |  |
| Wearing Apparel Personal clothing  | C.C.P. § 703.140(b)(3)                                | 750.00  | 750.00  |  |  |  |  |  |
| <u>Furs and Jewelry</u><br>Misc. jewelry / watches   | C.C.P. § 703.140(b)(4)                                | 1,000.00  | 1,000.00  |  |  |  |  |  |
| Interests in IRA, ERISA, Keogh, or Other Pension of ERISA-qualified 401(k) plan (not property of the estate) through current employer. | or Profit Sharing Plans<br>C.C.P. § 703.140(b)(10)(E) | 1,000.00  | 1,000.00  |  |  |  |  |  |
| <u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2005 Ford Excursion approx. 120,000 miles                                     | C.C.P. § 703.140(b)(2)<br>C.C.P. § 703.140(b)(5)      | 5,100.00<br>4,400.00  | 9,500.00  |  |  |  |  |  |
| 1997 Ford F150 pickup approx. 120,000 miles  | C.C.P. § 703.140(b)(5)                                | 1,000.00  | 1,000.00  |  |  |  |  |  |
| 1999 Freightliner Truck<br>over 1,300,000 miles  | C.C.P. § 703.140(b)(5)                                | 1,500.00  | 1,500.00  |  |  |  |  |  |
| Vehicle has almost no current value due to new California emission laws and requirements.  |   |   |   |  |  |  |  |  |
| 1999 Freightliner Truck<br>over 1,000,000 miles  | C.C.P. § 703.140(b)(5)                                | 1,500.00  | 1,500.00  |  |  |  |  |  |
| Vehicle has almost no current value due to new California emission laws and requirements.  |   |   |   |  |  |  |  |  |

Total: 31,750.00 31,750.00

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B6D (Official Form 6D) (12/07)

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| •     |                        | Debtor   |  |

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| GDED/MODIG VALVE   | C           | Н           | sband, Wife, Joint, or Community  | Co        | U            | D | AMOUNT OF   |                                 |
|--|-------------|-------------|---|-----------|--------------|---|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)               | D E B T O R | J<br>M<br>H | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN  | ONTINGENT | L<br>Q       |   | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No. xxxxxx8678   |             |             | Opened 8/01/05 Last Active 11/21/14 DOT   | T         | E<br>D       |   |   |                                 |
| Creditor #: 1<br>City Ntl Bk/Ocwen Loan Service<br>Attn: Bankruptcy<br>P.O. Box 24738<br>West Palm Beach, FL 33416 |             | -           | Residence (a townhome) Location: 8141 Santa Inez Way, Buena Park CA 90620 Fair market value is based on comparables in the area. Payment Due: 1st   |           |              |   |   |                                 |
|  | 4           | $\bot$      | Value \$ 255,000.00   | -         |              |   | 152,750.00  | 0.00                            |
| Account No. x2042  Creditor #: 2 Crossroads Equipment L 9385 Haven Ave Rancho Cucamonga, CA 91730                  |             | -           | Opened 12/01/12 Last Active 10/04/13 security agreement 2009 Freightliner Truck/Tractor Vehicle is registered to the Debtor's employer and the Debtor's employer makes all the payments. Vehicle is fully encumbered. Debtor has no ownership interest therein. |           |              |   |   |                                 |
|  |             |             | Value \$ 60,000.00  |           |              |   | 73,677.00   | 13,677.00                       |
| Account No. xxxx3344  Creditor #: 3 M&n Financing Corp 2500 Wilshire Blvd Ste 1 Los Angeles, CA 90057              |             | -           | Opened 8/01/12 Last Active 10/23/14 auto loan 2008 Jeep Liberty approx. 100k miles  |           |              |   |   |                                 |
|  |             |             | Value \$ 9,000.00   |           |              |   | 9,459.00  | 459.00                          |
| Account No.  |             |             | Value \$  |           |              |   |   |                                 |
| 0 continuation sheets attached   |             |             | (Total of   | Sub       |              |   | 235,886.00  | 14,136.00                       |
|  |             |             | (Report on Summary of S   |           | Tota<br>lule |   | 235,886.00  | 14,136.00                       |

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B6E (Official Form 6E) (4/13)

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor   |  |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in the column labeled "Subtotals" on each sheet on this Schedule E in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this priority listed on this Schedule E in the box labeled "Totals" on |
|---|
| total also on the Statistical Summary of Certain Liabilities and Related Data.  |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
| ☐ Domestic support obligations  |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| ☐ Extensions of credit in an involuntary case   |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| ☐ Wages, salaries, and commissions  |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).   |
| ☐ Contributions to employee benefit plans   |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen   |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| ☐ Deposits by individuals   |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
| ■ Taxes and certain other debts owed to governmental units  |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
| ☐ Commitments to maintain the capital of an insured depository institution  |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated  |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).  |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Jorge Caranza Martinez |             | Case No. |  |
|-------|------------------------|-------------|----------|--|
| -     |                        | ,<br>Debtor | ,        |  |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community CONTINGENT UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, SPUTED AND MAILING ADDRESS Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 2011-2013 Account No. Creditor #: 1 income taxes Internal Revenue Service 0.00 **Centralized Insolvency Operations** PO Box 7346 Philadelphia, PA 19101-7346 5,000.00 5,000.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims (Total of this page) 5,000.00 5,000.00 0.00 (Report on Summary of Schedules) 5,000.00 5,000.00

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B6F (Official Form 6F) (12/07)

| In re | Jorge Caranza Martinez |        | Case No. |  |
|-------|------------------------|--------|----------|--|
| _     |                        | Debtor |          |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                   | СОПШВНОК | H W H | I DATE CLAUVEW AS INCURRED AND   | CONTINGEN   | QULD        | SPUTE | AMOUNT OF CLAIM |
|---|----------|-------|--|-------------|-------------|-------|-----------------|
| Account No.   |          |       | 2010   | Τ̈́         | A<br>T<br>E |       |                 |
| Creditor #: 1<br>American Express<br>Attn: Bankruptcy Dept.<br>16 General Warren Blvd.<br>Malvern, PA 19355-1245                    |          | -     | Judgment   |             | D           |       | 18,885.00       |
| Account No.   |          |       |  |             |             |       |                 |
| Superior Court of CA-Fullerton<br>1275 North Berkeley Avenue<br>North Justice Center<br>Case # 2012-00536199<br>Fullerton, CA 92832 |          |       | Representing:<br>American Express  |             |             |       | Notice Only     |
| Account No. 3439  Creditor #: 2 Bank of America 555 California Street San Francisco, CA 94104                                       |          | _     | 2001 Collections. This debt may be a duplicate or be be past the statute of limitations. |             |             | x     | 9,093.00        |
| Account No. xxxxxxxx0365  |          |       | 2008   |             | T           |       |                 |
| Creditor #: 3 Cach Llc/Square Two Financial Attention: Bankruptcy 4340 South Monaco St. 2nd Floor Denver, CO 80237                  |          | _     | Collections for GE Capital Retail Bank. This might be past the statute of limitations.   |             |             | x     | 2,017.00        |
|   |          |       |  |             | L           |       | 2,017.00        |
| continuation sheets attached  |          |       | (Total of t  | Subi<br>his |             |       | 29,995.00       |

B6F (Official Form 6F) (12/07) - Cont.

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| _     |                        | Debtor   |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | С        | Hi      | sband, Wife, Joint, or Community  | C            | ш           | Ь        |                 |
|--|----------|---------|---|--------------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                        | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.   | CONTINGENT   | UZLLQULDAT  | DISPUTED | AMOUNT OF CLAIM |
| Account No.  Care Credit P. O. Box 960061 Orlando, FL 32896-0061   |          |         | Representing:<br>Cach Llc/Square Two Financial  | T            | T<br>E<br>D |          | Notice Only     |
| Account No.  SYNCB / Care Credit PO Box 965036 Orlando, FL 32896-5036  |          |         | Representing:<br>Cach Llc/Square Two Financial  |              |             |          | Notice Only     |
| Account No. xxxxxxxxxxxx8603  Creditor #: 4 Chase Bank PO Box 15123 Wilmington, DE 19850                                 |          | -       | 2004<br>Listed for notice only  |              |             |          | 0.00            |
| Account No. xxxxxxxxxxxxxxxxxx1272  Creditor #: 5 Cmre Financial Services Inc 3075 E Imperial Hwy Ste 200 Brea, CA 92821 |          | _       | Opened 2/01/10<br>\$455 was once owed to La Jolla Radiology<br>Med Group, but that is now past the statute of<br>limitations. Listed for notice only. |              |             | x        | 0.00            |
| Account No.  La Jolla Radiology Med. Group PO Box 2570 Newbury Park, CA  |          |         | Representing:<br>Cmre Financial Services Inc  |              |             |          | Notice Only     |
| Sheet no1 of _3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                            | ı        |         | S<br>(Total of t  | ubt<br>nis j |             |          | 0.00            |

B6F (Official Form 6F) (12/07) - Cont.

| In re | Jorge Caranza Martinez | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | -        | 1           |   | -          | 1          | -               |                 |
|--|----------|-------------|---|------------|------------|-----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)              | CODEBTOR | J<br>H<br>H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx5802   |          |             | Opened 11/10/05   | T          | E<br>D     |                 |                 |
| Creditor #: 6<br>GECRB / HH Gregg<br>Attention: Bankruptcy<br>Po Box 103104<br>Roswell, GA 30076               |          | -           | Listed for notice only  |            | D          |                 | 0.00            |
| Account No.  | t        | $\dagger$   |   | +          | t          |                 |                 |
| Care Credit<br>P. O. Box 960061<br>Orlando, FL 32896-0061  |          |             | Representing:<br>GECRB / HH Gregg                                 |            |            |                 | Notice Only     |
| Account No. xxxxxxxxxxxxx1879  |          |             | 2010  |            |            |                 |                 |
| Creditor #: 7<br>Innovat Col<br>Po Box 3500<br>Tustin, CA 92781  |          | -           | Collections   |            |            |                 | 213.00          |
| Account No.  | ╁        | $\dagger$   |   | +          | +          | <u> </u>        |                 |
| City of Riverside<br>4080 Lemon Street, 5th Floor<br>Riverside, CA 92501                                       |          |             | Representing:<br>Innovat Col                                      |            |            |                 | Notice Only     |
| Account No. xxxxxxxxxxxx0924   | t        | t           | 2008  | $\dagger$  |            | $\vdash$        |                 |
| Creditor #: 8<br>Lvnv Funding Llc<br>Po Box 10497<br>Greenville, SC 29603                                      |          | -           | Collections for Bank of America                                   |            |            |                 |                 |
|  |          |             |   |            |            |                 | 11,594.00       |
| Sheet no. <b>_2</b> of <b>_3</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | •        | <u>'</u>    | (Total of   | Sub        |            |                 | 11,807.00       |

B6F (Official Form 6F) (12/07) - Cont.

| In re | Jorge Caranza Martinez | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor   |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| ı c                        |          |  |  | 1   | 1 -   |  |
|----------------------------|----------|--|--|---|---|--|
| CO                         | Hu       | sband, Wife, Joint, or Community   | C  | U<br>N  | D   |  |
| D<br>E<br>B<br>T<br>O<br>R | C<br>D   | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE.      | NT   NGENT   | Q<br>U<br>L<br>D  | SPUTED  | AMOUNT OF CLAIM  |
|                            |          |  | ľ  | Ė   |   |  |
|                            |          | Representing:<br>Lvnv Funding Llc  |  |   |   | Notice Only  |
|                            |          | 2006   |  |   | $\vdash$  |  |
|                            | -        | Listed for notice only. Money was once owed to Citibank, but it may be past the statute of limitations.  |  |   | x   |  |
|                            |          |  |  |   |   | 0.00   |
|                            |          | Opened 2/01/95 Last Active 11/09/09  |  |   | T   |  |
|                            | -        | Listed for Notice Only. \$6,224 was once owed to Sears, but that is now past the statute of limitations. |  |   | x   |  |
|                            |          |  |  |   |   | 0.00   |
|                            |          |  |  |   |   |  |
|                            |          |  |  |   |   |  |
|                            |          |  |  |   |   |  |
|                            |          |  |  |   |   |  |
|                            |          |  |  |   |   |  |
|                            |          |  |  |   |   |  |
| <u> </u>                   | <u> </u> |  |  |   |   | 0.00   |
|                            |          |  | Т  | ota   | al  | 41,802.00  |
|                            | CODEBTOR | CODEBTOR -   | Representing: Lvnv Funding Llc  2006 Listed for notice only. Money was once owed to Citibank, but it may be past the statute of limitations.  Opened 2/01/95 Last Active 11/09/09 Listed for Notice Only. \$6,224 was once owed to Sears, but that is now past the statute of limitations. | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  Representing: Lvnv Funding Llc  2006 Listed for notice only. Money was once owed to Citibank, but it may be past the statute of limitations.  Opened 2/01/95 Last Active 11/09/09 Listed for Notice Only. \$6,224 was once owed to Sears, but that is now past the statute of limitations.  Subject To SETOFF, SO STATE.  Representing: Lvnv Funding Llc  Subject To SETOFF, SO STATE.  Subject To SETOFF, SO STATE. | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  Representing: Lvnv Funding Llc  2006 Listed for notice only. Money was once owed to Citibank, but it may be past the statute of limitations.  Opened 2/01/95 Last Active 11/09/09 Listed for Notice Only. \$6,224 was once owed to Sears, but that is now past the statute of limitations.  Subtota (Total of this pay Total of this pay Tot | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  Representing: Lvnv Funding Llc  2006 Listed for notice only. Money was once owed to Citibank, but it may be past the statute of limitations.  Opened 2/01/95 Last Active 11/09/09 Listed for Notice Only. \$6,224 was once owed to Sears, but that is now past the statute of |

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B6G (Official Form 6G) (12/07)

| In re | Jorge Caranza Martinez |        | Case No |  |
|-------|------------------------|--------|---------|--|
| _     |                        | Debtor | •,      |  |

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.

State whether lease is for nonresidential real property.

State contract number of any government contract.

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B6H (Official Form 6H) (12/07)

| In re | Jorge Caranza Martinez | Case No  |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor , |  |

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

|           | in this information to identify your c   |  |  |  |
|-----------|--|--|--|--|
| Del       | otor 1 Jorge Caran   | za Martinez  |  |  |
| _         | otor 2<br>ouse, if filing)   |  |  |  |
| Uni       | ted States Bankruptcy Court for the  | : CENTRAL DISTRICT   | OF CALIFORNIA  |  |
| Ca        | se number  |  |  | Check if this is:  |
| (If kı    | nown)  |  | •  | ☐ An amended filing  |
|           |  |  |  | ☐ A supplement showing post-petition chapter 13 income as of the following date: |
| $\cap$    | fficial Form B 6I  |  |  | •  |
|           |  |  |  | MM / DD/ YYYY  |
| S         | chedule I: Your Inc  | ome  |  | 12/1   |
| atta      | t 1: Describe Employment   | On the top of any additi   | onal pages, write your name and  | case number (if known). Answer every question                                    |
|           | t 1: Describe Employment Fill in your employment   | On the top of any additi   |  |  |
| Pa        | Describe Employment Fill in your employment information.   | On the top of any additi   | Debtor 1   | Debtor 2 or non-filing spouse  |
| Pa        | Fill in your employment information.  If you have more than one job, attach a separate page with   | On the top of any additi   |  |  |
| Pa        | T1: Describe Employment Fill in your employment information. If you have more than one job,  | · · ·  | Debtor 1  ■ Employed   | Debtor 2 or non-filing spouse  ☐ Employed  |
| Pa        | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional  | Employment status  | Debtor 1  ■ Employed □ Not employed  | Debtor 2 or non-filing spouse  ☐ Employed ☐ Not employed                         |
| Pa        | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or  | Employment status Occupation   | Debtor 1  ■ Employed □ Not employed Truck Driver   | Debtor 2 or non-filing spouse  ☐ Employed ☐ Not employed                         |
| Pal       | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student                              | Employment status  Occupation  Employer's name   | Debtor 1  ■ Employed □ Not employed  Truck Driver  Hub Group Trucking  3801 E Guasti Road Ontario, CA 91761                          | Debtor 2 or non-filing spouse  ☐ Employed ☐ Not employed homemaker               |
| Par<br>1. | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student                              | Employment status  Occupation  Employer's name  Employer's address  How long employed to | Debtor 1  ■ Employed □ Not employed  Truck Driver  Hub Group Trucking  3801 E Guasti Road Ontario, CA 91761                          | Debtor 2 or non-filing spouse  ☐ Employed ☐ Not employed homemaker               |
| Par<br>1. | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies. | Employment status  Occupation  Employer's name  Employer's address  How long employed to | Debtor 1  ■ Employed □ Not employed  Truck Driver  Hub Group Trucking  3801 E Guasti Road Ontario, CA 91761  here? Since September 2 | □ Employed ■ Not employed homemaker  |

**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

|    |     | For Deptor 1 | non-filing spous |      |
|----|-----|--------------|------------------|------|
| 2. | \$  | 6,842.33     | \$               | 0.00 |
| 3. | +\$ | 0.00         | +\$              | 0.00 |

Official Form B 6I Schedule I: Your Income page 1

| Debto | or 1               | Jorge Caranza Martinez  | -                 | Case            | number (if known) |                |            |        |
|-------|--------------------|---|-------------------|-----------------|-------------------|----------------|------------|--------|
|       |                    |   |                   | For             | Debtor 1          | For Debto      |            |        |
|       | Cop                | by line 4 here  | 4.                | \$_             | 6,842.33          | \$             | 0.00       |        |
| 5.    | List               | all payroll deductions:   |                   |                 |                   |                |            |        |
|       | 5a.                | Tax, Medicare, and Social Security deductions   | 5a.               | \$              | 1,382.33          | \$             | 0.00       |        |
|       | 5b.                | Mandatory contributions for retirement plans  | 5b.               | \$              | 0.00              | \$             | 0.00       |        |
|       | 5c.                | Voluntary contributions for retirement plans  | 5c.               | \$              | 0.00              | \$             | 0.00       |        |
|       | 5d.                | Required repayments of retirement fund loans  | 5d.               | \$_             | 0.00              | \$             | 0.00       |        |
|       | 5e.                | Insurance   | 5e.               | \$_             | 546.00            | \$             | 0.00       |        |
|       | 5f.                | Domestic support obligations  | 5f.               | \$_<br>\$       | 0.00              | \$             | 0.00       |        |
|       | 5g.<br>5h.         | Union dues Other deductions. Specify:   | 5g.<br>5h.+       | · · —           | 0.00              | _ <del>*</del> | 0.00       |        |
|       |                    |   |                   |                 |                   |                |            |        |
|       |                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                | \$ <u> </u>     | 1,928.33          | \$             | 0.00       |        |
|       |                    | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$              | 4,914.00          | \$             | 0.00       |        |
|       | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.               | \$              | 0.00              | \$             | 0.00       |        |
|       | 8b.                | Interest and dividends  | 8b.               | <sub>\$</sub> - | 0.00              | \$             | 0.00       |        |
|       | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |                   | · —             |                   | •              |            |        |
|       | 0.1                | settlement, and property settlement.  | 8c.               | \$ <u> </u>     | 0.00              | \$             | 0.00       |        |
|       | 8d.                | Unemployment compensation Social Security   | 8d.               | »—              | 0.00              | \$             | 0.00       |        |
|       | 8e.<br>8f.         | Other government assistance that you regularly receive  | 8e.               | Φ_              | 0.00              | Φ              | 0.00       |        |
|       | Oi.                | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 8f.               | \$              | 0.00              | \$             | 0.00       |        |
|       | 8g.                | Pension or retirement income  | 8g.               | \$              | 0.00              | \$             | 0.00       |        |
|       | 8h.                | Other monthly income. Specify:  | _ 8h.+            | \$              | 0.00              | + \$           | 0.00       |        |
| 9.    | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                | \$              | 0.00              | \$             | 0.00       |        |
| 10.   | Cal                | culate monthly income. Add line 7 + line 9.   | 10. \$            |                 | 4.914.00 + \$     | 0.00           | s 4.       | 914.00 |
|       |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                   |                 | 4,514.00          | 0.00           |            | 317.00 |
|       | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:        | depend<br>availab | le to p         | pay expenses list |                |            | 0.00   |
|       |                    | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies   |                   |                 |                   |                | \$ 4,      | 914.00 |
| 13.   | Do j               | you expect an increase or decrease within the year after you file this form No.   | ?                 |                 |                   |                | monthly ir |        |
|       | П                  | Yes. Explain:   |                   |                 |                   |                |            |        |

| ΞIII | in this inform                | ation to identify yo                                    | our case:               |   |   |      |                                    |                               |     |
|------|-------------------------------|---|-------------------------|---|---|------|------------------------------------|-------------------------------|-----|
|      |                               |   |                         |   |   | 01   |                                    |                               |     |
| Deb  | tor 1                         | Jorge Caran   | za Martin               | lez   |   |      | eck if this is:  An amended filing |                               |     |
| Deb  | tor 2                         |   |                         |   |   |      | •                                  | ving post-petition chapte     | r   |
|      | ouse, if filing)              |   |                         |   |   | Ц    | 13 expenses as of                  |                               |     |
| Unit | ed States Bank                | kruptcy Court for the                                   | CENTR                   | AL DISTRICT OF CALIFO                                       | PRNIA                                   |      | MM / DD / YYYY                     |                               |     |
| Cas  | e number                      |   |                         |   |   | П    | A separate filing for              | r Debtor 2 because Deb        | tor |
|      | nown)                         |   |                         |   |   | _    | 2 maintains a sepa                 |                               |     |
| Of   | fficial Fo                    | orm B 6J  |                         |   |   |      |                                    |                               |     |
| Sc   | chedule                       | J: Your   | _<br>Exper              | ises  |   |      |                                    | 12                            | /13 |
| Be a | as complete<br>ormation. If r | and accurate as   | possible.<br>eded, atta | If two married people ar                                    |   |      |                                    | or supplying correct          |     |
|      |                               | ribe Your House   | hold                    |   |   |      |                                    |                               |     |
| 1.   | Is this a joi                 |   |                         |   |   |      |                                    |                               |     |
|      | ■ No. Go t □ Yes. <b>Do</b>   | o line 2.<br>es Debtor 2 live i                         | n a separ               | ate household?  |   |      |                                    |                               |     |
|      |                               | No  | •                       |   |   |      |                                    |                               |     |
|      |                               |   | st file a sep           | arate Schedule J.   |   |      |                                    |                               |     |
| 2.   | Do you hav                    | ve dependents?  | □ No                    |   |   |      |                                    |                               |     |
|      | Do not list I<br>Debtor 2.    | Debtor 1 and  | Yes.                    | Fill out this information for each dependent                | Dependent's relation Debtor 1 or Debtor |      | Dependent's age                    | Does dependent live with you? |     |
|      | Do not state                  | e the   |                         |   | Daughter (full                          | time |                                    | □ No                          |     |
|      | dependents                    | s' names.   |                         |   | student)                                |      | 20                                 | Yes                           |     |
|      |                               |   |                         |   |   |      |                                    | □ No                          |     |
|      |                               |   |                         |   |   |      | _                                  | ☐ Yes                         |     |
|      |                               |   |                         |   |   |      |                                    | □ No                          |     |
|      |                               |   |                         |   |   |      | _                                  | ☐ Yes                         |     |
|      |                               |   |                         |   |   |      |                                    | □ No                          |     |
| _    | Da                            |   |                         |   | -                                       |      |                                    | ☐ Yes                         |     |
| 3.   | expenses of                   | penses include<br>of people other to<br>nd your depende | han $_{f \Box}$         | No<br>Yes   |   |      |                                    |                               |     |
| Par  | t 2: Estin                    | nate Your Ongoi   | ng Monthi               | y Expenses  |   |      |                                    |                               |     |
| exp  |                               | a date after the l                                      |                         | uptcy filing date unless y<br>y is filed. If this is a supp |   |      |                                    |                               | a   |
|      |                               |   |                         | government assistance i                                     |   |      |                                    |                               |     |
|      | value of suc<br>ficial Form 6 |   | d have inc              | luded it on Schedule I: )                                   | our Income                              |      | Your exp                           | enses                         |     |
| 4.   |                               | or home owners  |                         | ses for your residence. In                                  | nclude first mortgage                   | 4.   | \$                                 | 646.00                        |     |
|      | If not inclu                  | ded in line 4:  |                         |   |   |      |                                    |                               |     |
|      | 4a. Real                      | estate taxes  |                         |   |   | 4a.  | \$                                 | 0.00                          |     |
|      |                               | erty, homeowner's                                       | s, or renter            | 's insurance  |   | 4b.  | :                                  | 0.00                          |     |
|      |                               | e maintenance, re                                       |                         |   |   | 4c.  | \$                                 | 100.00                        |     |
|      |                               | eowner's associat                                       | •                       |   |   | 4d.  | \$                                 | 175.00                        |     |
| 5.   | Additional                    | mortgage payme  | ents for yo             | our residence, such as ho                                   | me equity loans                         | 5.   | \$                                 | 0.00                          |     |

| Debtor 1               | Jorge Ca                            | aranza Martinez  | Case num    | ber (if known) |                          |
|------------------------|-------------------------------------|--|-------------|----------------|--------------------------|
| o                      |                                     |  |             |                |                          |
| 6. <b>Uti</b> l<br>6a. | lities:<br>Flectricity              | , heat, natural gas  | 6a.         | \$             | 120.00                   |
| 6b.                    | •                                   | wer, garbage collection  | 6b.         |                | 40.00                    |
| 6c.                    |                                     | e, cell phone, Internet, satellite, and cable services   | 6c.         |                | 375.00                   |
| 6d.                    | •                                   |  | 6d.         | ·              | 0.00                     |
|                        |                                     | ekeeping supplies  | 7.          | \$             | 750.00                   |
|                        |                                     | children's education costs   | 8.          | \$             | 0.00                     |
|                        |                                     | ry, and dry cleaning   | 9.          |                | 225.00                   |
|                        | •                                   | products and services  | 10.         | ·              | 85.00                    |
|                        | -                                   | ntal expenses  | 11.         | · -            | 500.00                   |
|                        |                                     | Include gas, maintenance, bus or train fare.   |             | Ψ              | 500.00                   |
|                        | not include c                       |  | 12.         | \$             | 600.00                   |
|                        |                                     | clubs, recreation, newspapers, magazines, and books  | 13.         | \$             | 100.00                   |
|                        |                                     | ributions and religious donations  | 14.         | \$             | 20.00                    |
| 5. <b>Ins</b>          | urance.                             | •  |             | -              |                          |
| Do                     | not include in                      | nsurance deducted from your pay or included in lines 4 or 20.  |             |                |                          |
|                        | a. Life insura                      |  | 15a.        | · <del></del>  | 0.00                     |
| 15b                    | <ol> <li>Health ins</li> </ol>      | urance   | 15b.        | \$             | 0.00                     |
| 150                    | c. Vehicle in:                      | surance  | 15c.        | \$             | 210.00                   |
| 15c                    | d. Other insu                       | urance. Specify:   | 15d.        | \$             | 0.00                     |
| 6. <b>Ta</b> x         | <b>kes.</b> Do not in               | clude taxes deducted from your pay or included in lines 4 or 20.   |             | -              |                          |
|                        | ecify:                              |  | 16.         | \$             | 0.00                     |
|                        |                                     | ease payments:   |             |                |                          |
|                        |                                     | ents for Vehicle 1   | 17a.        |                | 480.00                   |
|                        |                                     | ents for Vehicle 2   | 17b.        |                | 0.00                     |
|                        | c. Other. Spe                       |  | 17c.        | ·              | 0.00                     |
|                        | d. Other. Spe                       |  | 17d.        | \$             | 0.00                     |
|                        |                                     | of alimony, maintenance, and support that you did not report   |             | ¢              | 0.00                     |
|                        |                                     | your pay on line 5, Schedule I, Your Income (Official Form 6I).  | 10.         | \$             |                          |
|                        |                                     | s you make to support others who do not live with you.   | 19.         | Φ              | 0.00                     |
|                        | ecify:                              | erty expenses not included in lines 4 or 5 of this form or on So   |             | our Income     |                          |
|                        |                                     | s on other property  | 20a.        |                | 0.00                     |
|                        | o. Real estat                       |  | 20b.        | · —            | 0.00                     |
|                        |                                     | homeowner's, or renter's insurance   | 20c.        | · -            | 0.00                     |
|                        |                                     | nce, repair, and upkeep expenses   | 20d.        |                | 0.00                     |
|                        |                                     | er's association or condominium dues   | 20a.        | ·              | 0.00                     |
|                        | ner: Specify:                       |  |             | +\$            | 25.00                    |
| . Оп                   | iei. Specily.                       | Contingency  |             |                | 25.00                    |
| . You                  | ur monthly e                        | xpenses. Add lines 4 through 21.   | 22.         | \$             | 4,451.00                 |
|                        |                                     | r monthly expenses.  |             |                |                          |
|                        |                                     | monthly net income.  |             |                |                          |
|                        |                                     | 12 (your combined monthly income) from Schedule I.   | 23a.        |                | 4,914.00                 |
| 23b                    | o. Copy your                        | monthly expenses from line 22 above.   | 23b.        | -\$            | 4,451.00                 |
|                        |                                     |  |             |                |                          |
| 230                    |                                     | rour monthly expenses from your monthly income.  | 23c.        | \$             | 463.00                   |
|                        | The result                          | is your monthly net income.  | 230.        | Ψ              | 400.00                   |
| For<br>mod             | example, do yo<br>dification to the | an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect y terms of your mortgage? |             |                | or decrease because of a |
|                        | No.                                 |  |             |                |                          |
|                        | Yes.<br>olain:                      | Debtor has cancer and goes to Mexico for treatment;  | this is why | his medical ex | penses are so high.      |

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Main Document

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B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court Central District of California**

| In re | Jorge Caranza Martinez                            |                |                            | Case No.   |                       |
|-------|---|----------------|----------------------------|------------|-----------------------|
|       |   |                | Debtor(s)                  | Chapter    | 13                    |
|       |   |                |                            |            |                       |
|       |   |                |                            |            |                       |
|       | DECLARATION C                                     | ONCERN         | ING DEBTOR'S SO            | CHEDUL     | ES                    |
|       |   |                |                            |            |                       |
|       | DECLARATION UNDER I                               | PENALTY (      | OF PERJURY BY INDIV        | DUAL DEI   | BTOR                  |
|       |   |                |                            |            |                       |
|       |   |                |                            |            |                       |
|       | I declare under penalty of perjury the            | hat I have rea | ad the foregoing summary   | and schedu | les, consisting of 21 |
|       | sheets, and that they are true and correct to the |                |                            |            |                       |
|       |   |                |                            |            |                       |
|       |   |                |                            |            |                       |
| Data  | January F 2015                                    | C:             | /s/ Jorgo Coronza Marti    | no=        |                       |
| Date  | January 5, 2015                                   | Signature      | /s/ Jorge Caranza Martinez |            |                       |
|       |   |                | Debtor                     | -          |                       |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

## United States Bankruptcy Court Central District of California

| In re | Jorge Caranza Martinez |           | Case No. |    |
|-------|------------------------|-----------|----------|----|
|       |                        | Debtor(s) | Chapter  | 13 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

## 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$1,000.00 2015 Gross Income (approx.) YTD \$100,000.00 2014 Gross Income (approx.)

This number is higher than Debtor's current income, because it includes gross

receipts from when Debtor was self-employed.

\$160,000.00 2013 Gross Self-Employment Income (approx.)

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### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**SOURCE** 

#### 3. Payments to creditors

## None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346 | DATES OF<br>PAYMENTS<br>last 90 days | AMOUNT PAID<br><b>\$600.00</b> | AMOUNT STILL<br>OWING<br>\$5,000.00 |
|---|--------------------------------------|--------------------------------|-------------------------------------|
| Ocwen<br>Attn: Bankruptcy Department<br>12650 Ingenuity Drive<br>Orlando, FL 32826  | last 90 days                         | \$1,950.00                     | \$152,000.00                        |
| M & N Financing<br>8500 Wilshire Blvd<br>Suite 509<br>Beverly Hills, CA 90211   | last 90 days                         | \$1,350.00                     | \$10,000.00                         |

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF<br>PAYMENTS/ | AMOUNT<br>PAID OR<br>VALUE OF | AMOUNT STILL |
|------------------------------|-----------------------|-------------------------------|--------------|
| NAME AND ADDRESS OF CREDITOR | TRANSFERS             | TRANSFERS                     | OWING        |

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF

COURT OR AGENCY

STATUS OR

PROCEEDING

AND LOCATION

DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE

BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF

PROPERTY

American Express Attn: Bankruptcy Dept. 16 General Warren Blvd. December 2014

Bank of America account with \$12,000, levied.

Malvern, PA 19355-1245

## 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

## 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT

DATE OF ORDER DESCRIPTION AND VALUE OF

CASE TITLE & NUMBER ORDER PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

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#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND. IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None П

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Price Law Group, APC 15760 Ventura Blvd. Suite #1100 Encino, CA 91436

DATE OF PAYMENT. NAME OF PAYER IF OTHER THAN DEBTOR 2014

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$600 plus FF

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE. RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

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### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### Juana Martinez (spouse)

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** 

SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

**BEGINNING AND** 

#### 18. Nature, location and name of business

None 

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

**ADDRESS** NATURE OF BUSINESS NAME **ENDING DATES** (ITIN)/ COMPLETE EIN **Debtor's residence** 2002 - Sept 2014 JJD Transport Debtor was a self

employed truck driver working as a independent contractor

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

## 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

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#### NAME AND ADDRESS

#### DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

#### 20. Inventories

None a Lie

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

\_

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

### 21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

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### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

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### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | January 5, 2015 | Signature | /s/ Jorge Caranza Martinez |  |
|------|-----------------|-----------|----------------------------|--|
|      |                 |           | Jorge Caranza Martinez     |  |
|      |                 |           | Debtor                     |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

| For | m B203 - Disclosure of Compensation of Attorney for Debtor - (1/88)  | 1998 USBC, Central District of California  |
|-----|--|--|
|     |  | ANKRUPTCY COURT<br>CT OF CALIFORNIA  |
| In  |  | Case No.:  |
|     | Jorge Caranza Martinez  Debtor.  | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  |
| 1.  | that compensation paid to me within one year before the filing   | b), I certify that I am the attorney for the above-named debtor(s) and g of the petition in bankruptcy, or agreed to be paid to me, for services emplation of or in connection with the bankruptcy case is as follows: |
|     | For legal services, I have agreed to accept  | \$ 4,000.00  |
|     | Prior to the filing of this statement I have received  | \$   |
|     | Balance Due  |  |
| 2.  | \$_310.00 of the filing fee has been paid.   |  |
| 3.  | The source of the compensation paid to me was:   |  |
|     | ■ Debtor □ Other (specify):  |  |
| 4.  | The source of compensation to be paid to me is:  |  |
|     | ■ Debtor □ Other (specify):  |  |
| 5.  | I have not agreed to share the above-disclosed compensation of my law firm.  | ation with any other person unless they are members and associates   |
|     |  | n with a person or persons who are not members or associates of my the names of the people sharing in the compensation is attached.  |
| 6.  | <ul><li>In return for the above-disclosed fee, I have agreed to render</li><li>a. Analysis of the debtor's financial situation, and rendering a bankruptcy;</li><li>b. Preparation and filing of any petition, schedules, statemen</li><li>c. Representation of the debtor at the meeting of creditors and</li><li>d. [Other provisions as needed]</li></ul> | t of affairs and plan which may be required;   |
| 7.  | By agreement with the debtor(s), the above-disclosed fee doe   | es not include the following services  |
|     | CERTII   | FICATION   |
| de  | I certify that the foregoing is a complete statement of any agbtor(s) in this bankruptcy proceeding.   | reement or arrangement for payment to me for representation of the   |
|     | January 5, 2015 /s/ Sto  | even A. Alpert   |
|     | Date Steve   | en A. Alpert 159730  |
|     |  | ture of Attorney Law Group, APC  |
|     | Name   | e of Law Firm  |
|     | 15760<br>Suite   | ) Ventura Blvd.  |
|     |  | no, CA 91436   |
| l   | 818-9  | 95-4540 Fax: 818-995-9277  |

| Fill in this information to identify your case:                        |   |
|--|---|
| Debtor 1 Jorge Caranza Martinez  | - |
| Debtor 2 (Spouse, if filing)   | • |
| United States Bankruptcy Court for the: Central District of California | • |
| Case number<br>(if known)  | - |

| Check  | c as directed in lines 17 and 21:   |
|--|---|
| Check as directed in lines 17 and 21:  According to the calculations required by this Statement:  1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3)  2. Disposable income is determined under 11 U.S.C. § 1325(b)(3)  3. The commitment period is 3 years. |   |
|  | •   |
| •  | •   |
|  | According to the calculations required by this Statement:  1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3)  2. Disposable income is determined under 11 U.S.C. § 1325(b)(3) |
|  | 4. The commitment period is 5 years.  |

☐ Check if this is an amended filing

## Official Form 22C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| you have nothing to report for any line, write \$0 in the spa  | ice.              |                     |                                   |               |                     |                             |      |
|--|-------------------|---------------------|-----------------------------------|---------------|---------------------|-----------------------------|------|
|  |                   |                     |                                   | Colui<br>Debt | mn A<br><b>or 1</b> | Columi<br>Debtor<br>non-fil |      |
| 2. Your gross wages, salary, tips, bonuses, overtime, payroll deductions).   | and co            | mmissi              | ons (before all                   | \$            | 6,842.00            | \$                          | 0.00 |
| 3. <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payme             | nts from            | a spouse if                       | \$            | 0.00                | \$                          | 0.00 |
| 4. All amounts from any source which are regularly portion of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3. | Includ<br>d, your | e regula<br>depende | r contributions<br>ents, parents, | \$            | 0.00                | \$                          | 0.00 |
| 5. Net income from operating a business, profession,   | or farn           | n                   |                                   |               |                     |                             |      |
| Gross receipts (before all deductions)   | \$                | 0.00                |                                   |               |                     |                             |      |
| Ordinary and necessary operating expenses  | -\$ _             | 0.00                | •                                 |               |                     |                             |      |
| Net monthly income from a business, profession, or far   | m \$ _            | 0.00                | Copy here ->                      | \$            | 0.00                | \$                          | 0.00 |
| 6. Net income from rental and other real property  |                   |                     |                                   |               |                     |                             |      |
| Gross receipts (before all deductions)   | \$                | 0.00                |                                   |               |                     |                             |      |
| Ordinary and necessary operating expenses  | -\$               | 0.00                |                                   |               |                     |                             |      |
| Net monthly income from rental or other real property  | \$                | 0.00                | Copy here ->                      | \$            | 0.00                | \$                          | 0.00 |

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1      | Jorge Caranza Martinez   |  | Case number       | (if known)   |                                   |                         |                       |
|---------------|--|--|-------------------|--------------|-----------------------------------|-------------------------|-----------------------|
|               |  |  | Column A Debtor 1 |              | Column B Debtor 2 or non-filing s |                         |                       |
| 7. <b>I</b> r | terest, dividends, and royalties   |  | \$                | 0.00         | \$                                | 0.00                    |                       |
| 8. <b>U</b>   | nemployment compensation   |  | \$                | 0.00         | \$                                | 0.00                    |                       |
|               | o not enter the amount if you contend that the amount rece<br>e Social Security Act. Instead, list it here:  | ived was a benefit under                               |                   |              |                                   |                         |                       |
|               | For you\$  | 0.00   |                   |              |                                   |                         |                       |
|               | For your spouse\$  | 0.00   |                   |              |                                   |                         |                       |
|               | ension or retirement income. Do not include any amount enefit under the Social Security Act.   | received that was a                                    | \$                | 0.00         | \$                                | 0.00                    |                       |
| D<br>re<br>de | come from all other sources not listed above. Specify the onot include any benefits received under the Social Securive every das a victim of a war crime, a crime against humanity of the crimes. If necessary, list other sources on a separatal on line 10c. | ty Act or payments<br>y, or international or           | •                 |              | 0                                 |                         |                       |
|               | 10a.   |  | \$                | 0.00         | \$                                | 0.00                    |                       |
|               | 10b.   |  | \$                | 0.00         | \$                                | 0.00                    |                       |
|               | 10c. Total amounts from separate pages, if any.  | <u>+</u>   | \$                | 0.00         | \$                                | 0.00                    |                       |
|               | alculate your total current monthly income. Add lines 2 ach column. Then add the total for Column A to the total for   |  | 6,842.00          | <b>+</b> \$_ | 0.00                              |                         | 6,842.00              |
| Part 2:       | Determine How to Measure Your Deductions from  | Income   |                   |              |                                   |                         | average<br>hly income |
|               | alculate the marital adjustment. Check one:  You are not married. Fill in \$0 on line 3d.  | n B, that was NOT regular<br>ty or the spouse's suppor | rly paid for the  | e househ     | old expenses<br>in you or your    | of you or y<br>depender | nts.                  |
|               | 13d. Total   |  | 0.00              | Cor          | by here=> 13d.                    | . <b>-</b>              | 0.00                  |
| 14.           | Your current monthly income. Subtract line 13d from line   |  |                   |              | 14.                               | \$                      | 6,842.00              |
| 15.           | Calculate your current monthly income for the year. Fo   | llow these steps:                                      |                   |              |                                   |                         |                       |
|               | 15a. Copy line 14 here=>   |  |                   |              | 15a.                              | \$                      | 6,842.00              |
|               | Multiply line 15a by 12 (the number of months in a ye  |  |                   |              |                                   | x 12                    | 2                     |
|               | 15b. The result is your current monthly income for the yea   | r for this part of the form                            |                   |              | 15b.                              | \$8                     | 2,104.00              |

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Jorge Caranza Martinez Case number (if known) Debtor 1 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 3 67,817.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) 18. Copy your total average monthly income from line 11. 18. \$ 6,842.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d. If the marital adjustment does not apply, fill in 0 on line 19a. 19a.-\$ 0.00 6,842.00 Subtract line 19a from line 18. 19b. 20. Calculate your current monthly income for the year. Follow these steps: 6,842.00 20a. 20a. Copy line 19b here Multiply by 12 (the number of months in a year). 12 82,104.00 20b. The result is current monthly income for the year for this part of the form 20b. 67.817.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.

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| Debtor 1 | Jorge Caranza Martinez | Case number (if known) |  |
|----------|------------------------|------------------------|--|
|          |                        |                        |  |

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

### X /s/ Jorge Caranza Martinez

Jorge Caranza Martinez

Signature of Debtor 1

Date January 5, 2015

MM / DD / YYYY

If you checked line 17a, do NOT fill out or file Form 22C-2.

If you checked line 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| Fill in this information to identify your case:                        |                                      |
|--|--------------------------------------|
| Debtor 1 Jorge Caranza Martinez  |                                      |
| Debtor 2 (Spouse, if filing)   |                                      |
| United States Bankruptcy Court for the: Central District of California |                                      |
| Case number(if known)  | ☐ Check if this is an amended filing |

### Official Form 22C - 2

## **Chapter 13 Calculation of Your Disposable Income**

12/14

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

**National Standards** 

You must use the IRS National Standards to answer the guestions in lines 6-7.

5. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,249.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 Jorge Caranza Martinez Case number (if known)

| Peop                   | ole who a   | are under 65 years of age  |  |  |                         |                                  |
|------------------------|---|--|--|--|-------------------------|----------------------------------|
|                        | 7a. Out   | -of-pocket health care allowance per person  | \$60   |  |                         |                                  |
|                        | 7b. Nun   | nber of people who are under 65  | X3   |  |                         |                                  |
|                        | 7c. <b>Sub</b>  | ototal. Multiply line 7a by line 7b.   | \$180.00   | Copy line 7c here:   | => \$180.0              | 00_                              |
| Peop                   | ole who a   | are 65 years of age or older   |  |  |                         |                                  |
|                        | 7d. Out   | -of-pocket health care allowance per person  | \$ 144   |  |                         |                                  |
|                        | 7e. Nun   | nber of people who are 65 or older   | X <u> </u>   |  |                         |                                  |
|                        | 7f. Sub   | ototal. Multiply line 7d by line 7e.   | \$ 0.00  | Copy line 7f here:   | => \$                   | 00_                              |
|                        | 7g. <b>Tot</b> a  | al. Add line 7c and line 7f  |  | \$ 180.00  | Copy total here=:       | > 7g. \$ 180.00                  |
|                        |   | utilities - Insurance and operating expenses utilities - Mortgage or rent expenses   |  |  |                         |                                  |
| To and To fir clerk    | nd the cha<br>s office.<br><b>Housing</b>   | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the sepa and utilities - Insurance and operating expending amount listed for your county for insurance a   | rate instructions for t  | nber of people you e   | ·                       | ble at the bankruptcy  \$ 559.00 |
| To and To fir clerk    | nd the cha<br>s office.<br><b>Housing</b><br>in the dol   | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the sepa   | rate instructions for t  | nber of people you e   | ·                       |                                  |
| To air Clerk' 8.       | nd the charles office.  Housing in the dol  Housing  9a. Usir   | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the sepa and utilities - Insurance and operating expending amount listed for your county for insurance a   | rate instructions for to the number of the n | nber of people you e<br>ses.   | ·                       | \$ 559.00                        |
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| To an To fir clerk's.  | nd the cha<br>s office.  Housing in the dol  Housing 9a. Usir liste 9b. Tota To confort                         | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the separation and utilities - Insurance and operating experimental amount listed for your county for insurance at and utilities - Mortgage or rent expenses:  In the number of people you entered in line 5, filled for your county for mortgage or rent expenses at average monthly payment for all mortgages are calculated the total average monthly payment, additionally due to each secured creditor in the 60  | rate instructions for tonses: Using the numind operating expensed in the dollar amount.  In the dollar amount.  Ind other debts secured all amounts that are   | nber of people you e<br>ses.<br>It<br>ed by your home.<br>e  | entered in line 5, fill | \$ 559.00                        |
| To an To fir clerk' 8. | nd the chase office.  Housing in the dol  Housing  9a. Usin liste  9b. Total Confert Nan                        | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the separation and utilities - Insurance and operating experimental amount listed for your county for insurance at and utilities - Mortgage or rent expenses:  In the number of people you entered in line 5, filled for your county for mortgage or rent expenses at average monthly payment for all mortgages are calculate the total average monthly payment, additiractually due to each secured creditor in the 60 coankruptcy. Then divide by 60.  | rate instructions for the name of the name | nber of people you e<br>ses.<br>It<br>ed by your home.<br>e  | entered in line 5, fill | \$ 559.00                        |
| To an To fir clerk' 8. | nd the chase office.  Housing in the dol  Housing  9a. Usin liste  9b. Total Confert Nan                        | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the separating and utilities - Insurance and operating experimental and utilities - Mortgage or rent expenses:  In the number of people you entered in line 5, filled for your county for mortgage or rent expenses all average monthly payment for all mortgages are calculate the total average monthly payment, additionally due to each secured creditor in the 60 cankruptcy. Then divide by 60.  | rate instructions for the name of the name | nber of people you eses.  It  ed by your home. e   | 9a. \$ 2,518.0          | \$ 559.00                        |
| To an To fir clerk's.  | nd the chas s office.  Housing in the dol  Housing 9a. Usin liste  9b. Total To confort Nan                     | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the separating and utilities - Insurance and operating expension and utilities - Mortgage or rent expenses:  In the number of people you entered in line 5, filled for your county for mortgage or rent expenses are average monthly payment for all mortgages are calculated the total average monthly payment, additionally due to each secured creditor in the 60 cankruptcy. Then divide by 60.  In the treditor are questions in the service of the creditor and service are questions.   | rate instructions for the name of the name | the of people you eses.  It ed by your home.  It is concept the co | 9a. \$ 2,518.0          | \$ 559.00                        |
| To an To fir clerk's.  | nd the chas s office.  Housing in the dol Housing  9a. Usin liste  9b. Total Total Conferts  Nam  City  9c. Net | e questions in lines 8-9, use the U.S. Trustee art, go online using the link specified in the separating and utilities - Insurance and operating experimental and utilities - Mortgage or rent expenses:  In and util | rate instructions for the rate instructions for the rate inses: Using the number of the rate of the ra | the deby your home.  e  hly  16.00  Copy line 9b here=>  | 9a. \$ 2,518.0 -\$ 646. | 559.00                           |

Explain why: \_

### Case 8:15-bk-10023-TA Doc 1 Filed 01/05/15 Entered 01/05/15 10:21:25 Desc Main Document Page 47 of 56

Debtor 1 Jorge Caranza Martinez Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 590.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments Describe Vehicle 1: 2008 Jeep Liberty approx, 100k miles 13a. Ownership or leasing costs using IRS Local Standard 13a. 517.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then dived by 60. Name of each creditor for Vehicle 1 Average monthly payment M&n Financing Corp 270.00 Copy 13b 270.00 Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0. expense 247.00 13c. 247.00 here => \$ Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Copy 13e 0.00 here => Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13b from line 13a, if this amount is less than \$0, enter \$0, expense 0.00 0.00 13f. here => \$ 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 0.00 Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

# Case 8:15-bk-10023-TA Doc 1 Filed 01/05/15 Entered 01/05/15 10:21:25 Desc Main Document Page 48 of 56

Debtor 1 Jorge Caranza Martinez Case number (if known)

| 16. Taxes: The total monthly amount that you will achaelly owe for federal, state and local taxes, such as income taxes, self-employment taxes, social executify taxes, and Medicare taxes, You may include the monthly amount withheld from your pay for these taxes, However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for these taxes. Do not include real estate, sales, or use taxes.  Do not include amounts that the total monthly payrell deductions that your job requires, such as referement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your own term life insurance. Do not include payments on past due obligations for your spokes for your spokes term life insurance. Do not include permitting to past due obligations for spousal or child support payments.  Do not include payments on past due obligations for spousal or child support, you will list these obligations in line 35.  0.00  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, and any activation as a sale obligation for your job, and any activation and your pay for include payments or any elementary or secondary school education.  21. Childcare: The total monthly amount that you pay for indicates, such as a baysisting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health ame ace appearses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and veitled or job to your dependents or for the production of income, if it is not reimbursed by your employer.  Payments for health insurance or health savings accounts should be listed only in line 25.  19. Additional Expense Deductio   | Oth |   | In addition to the expense the following IRS categorie   |   | s listed above,  | you are allowed your monthly expense:   | s for |          |
|--|-----|---|--|---|--|---|-------|----------|
| 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you up yor for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on your dependents, for a non-filing spouse's life insurance or position or your post, or for your post, or for your post, or for your post, or for your job, or any elementary or secondary school education.  20. Education: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  21. Childcare: The total monthly amount that you pay for health care what is required to the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 2.  22. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents or intermitted by commun   | 16. | self-employment taxes, social your pay for these taxes. Ho  | al security taxes, and Medi<br>wever, if you expect to rec   | care taxe<br>eive a tax   | s. You may inc<br>refund, you m                              | lude the monthly amount withheld from ust divide the expected refund by 12  |       |          |
| contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are fliing topether; include perments that you make for your spouse's life insurance. Do not include premiums for this insurance, on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for deucation that is either required: as a condition for your job, or for you propert you pay for deucation that is either required: as a condition for your job, or for you group in a contract that is required by the cortex of the properties of the your pay long that you pay for childcare, such as bebysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  21. Childcare: The total monthly amount that you pay for childcare, such as bebysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and wellare of you or your dependents and that is not reimbursed by insurance or piad by a health insurance or health and wellare of you or your dependents and that is not reimbursed by insurance and payments are the surface and that is not reimbursed by insurance or health savings accounts should be listed only in line 25.  Do not include payments for basis home telephone services: The total monthly amount    |     | Do not include real estate, sa  | ales, or use taxes.  |   |  |   | \$    | 1,382.00 |
| 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance. Do not include permiums for life insurance on your dependents, for a non-filing spouse's life insurance. Do not include payments:  Do not include payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, and a such as a condition of your job. To re your physically or mentally challenged dependent child if no public education is available for similar services.  20. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  21. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  22. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication service for you and your dependents, such as pages, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Mactional Expense Deductions  26. These are additional deductions allowed by the Means Test.  27. Note: Do no    | 17. | contributions, union dues, ar   | nd uniform costs.  |   |  | •   | ¢     | 0.00     |
| filing together, include payments that you make for your spouse's term life insurance. Do not include permisms for life insurance or no your dependents, for a non-fling spouse's life insurance, or any form of life insurance no ray form of life insurance, or any form of life insurance, or can your dependents. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschou. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and velfare of you or your dependents and that is not reimbursed by insurance or pial by a health savings account. Include only the amount that is more than the total entered in line 7.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call walting, caller identification, special long distance, or business cell phone service, to the extent necessary for you health and velfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Additional Expense Deductions  26. These are additional deductions allowed by the Means Test.  27. Note: Do not include any expense allowances listed in lines 6-24.  28. Health insurance, disability insurance, and health savings accounts expenses. The monthly expenses for health insuran   | 40  |   |  |   | •  | , ,   | Ψ_    |          |
| administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments of your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account Include only the amount that its more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  Do ptional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pages; call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances in the payment of the lea   | 18. | filing together, include payme  | ents that you make for you   | r spouse's  | s term life insu   | rance. Do not include premiums for life   | \$    | 0.00     |
| 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account sthat are reasonably necessary for yourself, your spouse, or your dependents.  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically i   | 19. |   |  |   |  | by the order of a court or  |       |          |
| as a condition for your job, of for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excutuling insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings account expenses.  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of    |     | Do not include payments on  | past due obligations for sp  | ousal or  | child support. \   | You will list these obligations in line 35.   | \$    | 0.00     |
| 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Possible for the expense and the expense   | 20. | as a condition for your job, o  | ŕ  |   |  | •   | \$    | 0.00     |
| Do not include payments for any elementary or secondary school education.  \$ 0.00  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  320.00  231. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  242. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses listed in lines 6-24.  253. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or rember of your immediate family who is unabl | 21. |   |  |   |  |   | _     |          |
| that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call vailing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses.  Payer Septimental Paymental Paym   |     | •   | , , , ,  | -   | •  | mang, dayoaro, naroory, and procontoon  | \$    | 0.00     |
| 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 546.00  Disability insurance  \$ 0.00  Health savings account  \$ 546.00  S 546.00  Copy total here=>  \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Pes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  | 22. | that is required for the health<br>by a health savings account.   | n and welfare of you or you<br>. Include only the amount t   | r depende<br>hat is mor   | ents and that is<br>e than the tota                          | s not reimbursed by insurance or paid<br>Il entered in line 7.  | \$    | 320.00   |
| Add lines 6 through 23.  Add lines 6 through 23.  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 546.00  Disability insurance  \$ 0.00  Health savings account  +\$ 0.00  Total  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   | 23. | for you and your dependents<br>phone service, to the extent<br>income, if it is not reimbursed<br>Do not include payments for   | s, such as pagers, call wait<br>necessary for your health<br>d by your employer.<br>basic home telephone, int                  | ing, caller<br>and welfa<br>ernet and   | identification, re or that of yo cell phone ser              | special long distance, or business cell ur dependents or for the production of vice. Do not include self-employment | +\$   | 50.00    |
| Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 546.00  Disability insurance  \$ 0.00  Health savings account  +\$ 0.00  Total  \$ 546.00  Copy total here=> \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  | 24. | •   | lowed under the IRS expe   | ense allo   | wances.  |   | \$    | 6,449.00 |
| 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 546.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 546.00 Copy total here=> \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$  | Add | litional Expense Deductions   | These are additional   | deduction   | s allowed by th  | ne Means Test.  |       |          |
| insurance, disability insurance, and health savings accounts that are reasonably necessary for your self, your spouse, or your dependents.  Health insurance \$ 546.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 546.00 Copy total here=> \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ 546.00 Copy total monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     |   | Note: Do not include a   | any exper   | se allowances  | listed in lines 6-24.   |       |          |
| Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 546.00 Copy total here=> \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   | 25. | insurance, disability insurance   |  |   |  |   | or    |          |
| Health savings account  +\$ 0.00  Total  \$ 546.00  Copy total here=> \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | Health insurance  |  | \$  | 546.00   |   |       |          |
| Total  \$ 546.00 Copy total here=> \$ 546.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | Disability insurance  |  | \$  | 0.00   |   |       |          |
| Do you actually spend this total amount?  No. How much do you actually spend?  Yes  1. No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | Linette en de en encount  |  |   |  |   |       |          |
| Do you actually spend this total amount?  No. How much do you actually spend?  Yes  1. No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | Health savings account  |  | + \$  | 0.00   |   |       |          |
| No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | ŭ   |  |   |  | Copy total here=>   | \$    | 546.00   |
| Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.   |     | ŭ   |  |   |  | Copy total here=>   | \$    | 546.00   |
| 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | Total   | otal amount?   |   |  | Copy total here=>   | \$    | 546.00   |
| continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | Total  Do you actually spend this to No. How much do you  |  | \$  |  | Copy total here=>   | \$    | 546.00   |
| safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  |     | Total  Do you actually spend this to  ☐ No. How much do you  ☐ Yes  | ou actually spend?   | \$  | 546.00   |   | \$    | 546.00   |
| By law, the court must keep the nature of these expenses confidential.   | 26. | Total  Do you actually spend this to  No. How much do you  Yes  Continued contributions to continue to pay for the reason   | ou actually spend?  o the care of household onable and necessary care  | \$s   | 546.00  members. The ort of an elderi                        | e actual monthly expenses that you will ly, chronically ill, or disabled member of                                  |       |          |
|  |     | Do you actually spend this to No. How much do you Yes  Continued contributions to continue to pay for the reason your household or member of the protection against family with the protection | ou actually spend?  o the care of household conable and necessary care of your immediate family with the reasonably responses. | \$s<br>pr family and supprise is unable to be supprise to be su | members. The ort of an elder ole to pay for so monthly exper | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses.                    |       |          |

| ebtor 1 | Jorge Caranza Martinez  | Case number   | r (if known)                             |             |                   |
|---------|---|---|--|-------------|-------------------|
| 28.     | Additional home energy costs. Your hom allowance on line 8.   | e energy costs are included in your non-mortgage ho   | ousing and utilities                     |             |                   |
|         |   | osts that are more than the home energy costs include, then fill in the excess amount of home energy costs                                    |  |             |                   |
|         | You must give your case trustee documents amount claimed is reasonable and necessa  | ation of your actual expenses, and you must show th   | at the additional                        | \$          | 0.00              |
|         |   | ren who are younger than 18. The monthly expense pendent children who are younger than 18 years old   |  |             |                   |
|         | You must give your case trustee documents claimed is reasonable and necessary and n   | ation of your actual expenses, and you must explain ot already accounted for in lines 6-23.   | why the amount                           |             |                   |
|         | * Subject to adjustment on 4/01/16, and eve   | ery 3 years after that for cases begun on or after the  | date of adjustment.                      | \$          | 0.00              |
|         |   | ne monthly amount by which your actual food and clo<br>allowances in the IRS National Standards. That among<br>in the IRS National Standards. |  |             |                   |
|         |   | ional allowance, go online using the link specified in to be available at the bankruptcy clerk's office.                                      | the separate                             |             |                   |
|         | You must show that the additional amount of   | claimed is reasonable and necessary.  |  | \$ <u>_</u> | 0.00              |
|         | Continuing charitable contributions. The instruments to a religious or charitable orga  | amount that you will continue to contribute in the for nization. 26 U.S.C. § 170(c)(1)-(2)  | rm of cash or financia                   | \$_         | 20.00             |
| 32.     | Add all of the additional expense deduct<br>Add lines 25 through 31.  | ions  |  | \$          | 566.00            |
| Ded     | uctions for Debt Payment  |   |  |             |                   |
| Т       | pans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bar Mortgages on your home: | ent, add all amounts that are contractually due to eac  | ch secured                               | Averag      | ge monthly<br>ent |
| 33a.    | Copy line 9b here   |   | =>                                       | \$          | 646.00            |
|         | Loans on your first two vehicles  |   |  |             |                   |
| 33b.    | Copy line 13b here  |   | =>                                       | \$          | 270.00            |
| 33c.    | Canadian 40a hana   |   | _  | \$          | 0.00              |
| Nam     | e of each creditor for other secured debt   | Identify property that secures the debt   | Does payment include taxes or insurance? |             |                   |
|         |   |   | □ No                                     |             |                   |
| 33d.    | -NONE-  |   | □ Yes                                    | \$          |                   |
|         |   |   | □ No                                     |             |                   |
| 33e.    |   |   | □ Yes                                    | \$          |                   |
| 33f.    |   |   | □ No □ Yes +                             | \$          |                   |
| 33g.    | Total average monthly payment. Add lines  | 33a through 33f\$   | 916.00 Coptota                           |             | 916.00            |

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Debtor 1 Jorge Caranza Martinez Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = $$ Copy total 0.00 0.00 Total \$ here=> 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims  $5,000.00 \div 60 =$ \$ 83.33 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. ☐ No. Go to line 37. Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 380.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees 4.50 (for all other districts). Copy total 17.10 17.10 Average monthly administrative expense if you were filing under Chapter 13 here=> 1,016.43 37. Add all of the deductions for debt payment. Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 6.449.00 expense allowances Copy line 32, All of the additional expense deductions 566.00 Copy line 37, All of the deductions for debt payment 1,016.43 8,031.43 8,031.43 Total deductions Copy total here=>

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Debtor 1 Jorge Caranza Martinez Case number (if known) Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 6,842.00 Statement of Your Current Monthly Income and Calculation of Commitment Period 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here. => 8.031.43 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense 43b. \_\_\_ Copy 43d 0.00 0.00 43d. **Total.** Add lines 43a through 43c. here=> \$ Copy total 8.031.43 8,031.43 44. **Total adjustments.** Add lines 40 through 43d. here=> **-**\$ -1,189.43 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Reason for change Date of change Increase or Amount of change decrease? □ 22C-1 ☐ Increase ☐ 22C-2 ☐ Decrease ☐ 22C-1 ☐ Increase ☐ Decrease ☐ 22C-2 ☐ 22C-1 ☐ Increase ☐ 22C-2 ☐ Decrease □ 22C-1 ☐ Increase □ 22C-2 ☐ Decrease

| Debtor 1 | Jorge Caranza Martinez   | Case number (if known)   |
|----------|--|--|
|          |  |  |
|          |  |  |
| Part 4:  | Sign Below   |  |
|          |  |  |
| E        | By signing here, under penalty of perjury you declare that the informa | tion on this statement and in any attachments is true and correct. |
| .,       | Int James Common Marriage  |  |
| X        | /s/ Jorge Caranza Martinez   |  |
|          | Jorge Caranza Martinez Signature of Debtor 1                           |  |
| Date     | January 5, 2015  |  |
|          | MM/DD/YYYY   |  |
|          |  |  |

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Main Document

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Verification of Creditor Mailing List - (Rev. 10/05)

2005 USBC, Central District of California

## MASTER MAILING LIST Verification Pursuant to Local Bankruptcy Rule 1007-2(d)

| Name  | Steven A. Alpert 159730                      |     |    |  |  |  |  |  |
|---|--|-----|----|--|--|--|--|--|
| Address   | 15760 Ventura Blvd. Suite 1100 Encino, CA 91 | 436 |    |  |  |  |  |  |
| Telephone 818-995-4540 Fax: 818-995-9277                      |  |     |    |  |  |  |  |  |
| •   | Time the Design (e)                          |     |    |  |  |  |  |  |
| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA |  |     |    |  |  |  |  |  |
| List all name within last 8                                   | Case No.                                     | :   |    |  |  |  |  |  |
| Jorge Caran   | Chapter:                                     |     | 13 |  |  |  |  |  |
|   |  |     |    |  |  |  |  |  |
|   |  |     |    |  |  |  |  |  |
|   |  |     |    |  |  |  |  |  |

### **VERIFICATION OF CREDITOR MAILING LIST**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of <u>3</u> sheet(s) is complete, correct, and consistent with the debtor's schedules pursuant to Local Rule 1007-2(d) and I/we assume all responsibility for errors and omissions.

| Date: | January 5, 2015 | /s/ Jorge Caranza Martinez |  |
|-------|-----------------|----------------------------|--|
|       |                 | Jorge Caranza Martinez     |  |
|       |                 | Signature of Debtor        |  |
| Date: | January 5, 2015 | /s/ Steven A. Alpert       |  |
|       |                 | Signature of Attorney      |  |

Steven A. Alpert 159730 Price Law Group, APC 15760 Ventura Blvd. Suite 1100 Encino, CA 91436

818-995-4540 Fax: 818-995-9277

Jorge Caranza Martinez P.O Box 5581 Buena Park, CA 90620

Steven A. Alpert Price Law Group, APC 15760 Ventura Blvd. Suite 1100 Encino, CA 91436

American Express Attn: Bankruptcy Dept. 16 General Warren Blvd. Malvern, PA 19355-1245

Bank of America 555 California Street San Francisco, CA 94104

Cach Llc/Square Two Financial Attention: Bankruptcy 4340 South Monaco St. 2nd Floor Denver, CO 80237

Care Credit P. O. Box 960061 Orlando, FL 32896-0061

Chase Bank PO Box 15123 Wilmington, DE 19850

City Ntl Bk/Ocwen Loan Service Attn: Bankruptcy P.O. Box 24738 West Palm Beach, FL 33416 City of Riverside 4080 Lemon Street, 5th Floor Riverside, CA 92501

Cmre Financial Services Inc 3075 E Imperial Hwy Ste 200 Brea, CA 92821

Crossroads Equipment L 9385 Haven Ave Rancho Cucamonga, CA 91730

GECRB / HH Gregg Attention: Bankruptcy Po Box 103104 Roswell, GA 30076

Innovat Col Po Box 3500 Tustin, CA 92781

Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346

La Jolla Radiology Med. Group PO Box 2570 Newbury Park, CA

Lvnv Funding Llc Po Box 10497 Greenville, SC 29603 M&n Financing Corp 2500 Wilshire Blvd Ste 1 Los Angeles, CA 90057

Midland Funding 8875 Aero Dr San Diego, CA 92123

Sears/cbna Po Box 6283 Sioux Falls, SD 57117

Superior Court of CA-Fullerton 1275 North Berkeley Avenue North Justice Center Case # 2012-00536199 Fullerton, CA 92832

SYNCB / Care Credit PO Box 965036 Orlando, FL 32896-5036